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CONFIRMATION NO. 5651

<b>SERIAL NUMBER</b> 10/671,317	<b>FILING OR 371(c) DATE</b> 09/25/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> STK-010C3
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/956,582 09/19/2001 ABN which is a CON of 09/074,299 05/07/1998 PAT 6,297,213  
 which is a CON of 08/417,071 04/04/1995 PAT 5,814,604  
 which is a CON of 08/145,812 11/01/1993 PAT 5,750,651  
 which is a DIV of 07/995,345 12/22/1992 PAT 5,258,494  
 which is a DIV of 07/315,342 02/23/1989 PAT 5,011,691  
 which is a CIP of 07/232,630 08/15/1988 ABN  
 which is a CIP of 07/179,406 04/08/1988 PAT 4,968,590

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 30	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

022832

## TITLE

Osteogenic devices

<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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